

SECTION 4.0 BID FORM (Addendum #2)

Location 1 Riverstone Circle				
Item #				
	Item Description	Quantity	Unit Price	Extension Amount
1.	Copperleaf (Red) 3 Gallon 18" ht. each	100	\$ 9.-	\$ 900.-
2.	Dwarf Firebush 3 Gallon 16" ht. each	115	\$ 8.-	\$ 920.-
3.	Live Oaks "Florida Fancy" 18-20 ft., 5" caliper each	5	\$ 1,110.-	\$ 5,550.-
4.	Green Island Ficus 3 Gallon 8x10" each	100	\$ 8.-	\$ 800.-
5.	Medium brown river rock spread 2 inches deep Feet (2 foot width starting from inner curb edge) per cubic yards	60	\$ 229.-	\$ 13,740.-
6.	Supply and apply wood mulch (3" layer)			\$ 840.-
7.	Supply and install weed block fabric underneath rock			\$ 525.-
8.	Supply and install black aluminum barrier two feet in from inner edge of curbing			\$ 770.-
9.	Supply and install all irrigation bubblers to the trees			\$ 500.-
10.	Site Preparation and Removal			\$ 2,750.-
	Total for Location 1			\$ 27,295.-
Location 2 Bergeron Park				
1.	Green Island Ficus- 3 Gallon size (full) 8x10" each	275	\$ 8.-	\$ 2,200.-
2.	Live Oaks "Florida Fancy" 14-16 ft. 2.5" caliper each	3	\$ 595.-	\$ 1,785.-
3.	Supply and apply 2" of light brown mulch, 3 feet wide per bag	90	\$ 9.25	\$ 832.50
4.	Site Preparation and Removal			\$ 1,780.-
	Total for Location 2			\$ 6,597.50
Location 3 Nob Hill Road Medians				
1.	Crape Myrtle "Muskogee" 10 foot height, multi each (Must remove 11 small existing crape)	13	\$ 250.-	\$ 3,250.-
2.	Gumbo Limbo 14-16 ft. each	1	\$ 375.-	\$ 375.-
3.	Live Oak "Florida Fancy" 14-16 ft. 2.5 caliper each	1	\$ 595.-	\$ 595.-
4.	Site Preparation and Removal			\$ 675.-
	Total for Location 3			\$ 4,895.-
Location 4 Pine Island Park				
1.	Green Island Ficus- 3 Gallon size 8x10" each	75	\$ 8.-	\$ 600.-
2.	Plumbago 3 Gallon size 10x10" each	30	\$ 9.-	\$ 270.-
3.	Jatropha standards-6-7 foot height each	3	\$ 85.-	\$ 255.-
4.	Dwarf Fakahatchee Grass 3 Gallon size 18" each	6	\$ 8.-	\$ 48.-
5.	Supply and apply 3" of light brown mulch <u>to the entire site</u>			\$ 840.-
6.	Site Preparation and Removal			\$ 1,430.-
	Total for Location 4			\$ 3,443.-

Location 5 Pine Island Road Medians				
1.	Spanish Stopper 'standard'- 8 foot height each	5	\$ 245.-	\$ 1,225.-
2.	Bulnesia- 10 foot height 2" caliper each	1	\$ 300.-	\$ 300.-
3.	Gumbo Limbo 14-16 ft. each	1	\$ 375.-	\$ 375.-
4.	Supply and install all irrigation 2 bubblers to the existing irrigation system			\$ 200.-
5.	Site Preparation and Removal			\$ 1,380.-
Total for Location 5				\$ 3,480.-
Location 6 Roundabout on 136th Avenue and SW 14th Street				
1.	Live Oak "Florida Fancy" 18-20 ft., 5 inch caliper each	1	\$ 1,110.-	\$ 1,110.-
2.	Green Island Ficus 3 Gallon 8x10" each	285	\$ 8.-	\$ 2,280.-
3.	Supply and apply mulch along all planted areas with a 3 foot wide area at the outer perimeter of the circle			\$ 650.-
4.	Site Preparation and Removal			\$ 1,530.-
Total for Location 6				\$ 5,570.-
Location 7 Flamingo Road median near 13th Street				
1.	Live Oak 14-16 ft., 2.5 inch caliper each	1	\$ 595.-	\$ 595.-
2.	Supply and install all irrigation 2 bubblers to the existing irrigation system			\$ 100.-
3.	Site Preparation and Removal			\$ 650.-
Total for Location 7				\$ 1,345.-
Location 8 Town Hall Parking Lot				
1.	Gumbo Limbo 14-16 ft. each	1	\$ 375.-	\$ 375.-
2.	Alexander Palms 14-16 ft. each	2	\$ 350.-	\$ 700.-
3.	Site Preparation and Removal			\$ 1,455.-
Total for Location 8				\$ 2,530.-
Location 9 College Avenue				
1.	Royal Palm- 7-8 feet GW, 20+ feet OA each	1	\$ 875.-	\$ 875.-
2.	Wart Fern – 1 gallon, 6" x 6" each	70	\$ 4.25	\$ 297.50
3.	Alexander/Solitaire Palm, 16 feet OA, single stem each	1	\$ 350.-	\$ 350.-
4.	70/30 Soil mix, cubic yards	2	\$ 42.-	\$ 84.-
5.	Green Island Ficus, 3 gallon, 8 x 10" each	50	\$ 8.-	\$ 400.-
6.	Wild Peanut, 1 gallon, fully rooted each	150	\$ 3.50	\$ 525.-
7.	Supply and install 3 bubblers			\$ 200.-
8.	Supply and apply 3" of light brown mulch on all planted areas			\$ 255.-
9.	Site Preparation and Removal			\$ 900.-
Total for Location 9				\$ 3,886.50

Location 10 Flamingo Road South End				
1.	Jatrophia integerrima, 3 gallon, 24" height each	60	\$ 14.-	\$ 840.-
2.	Live Oak, 3 inch caliper, 16 feet OA each	1	\$ 675.-	\$ 675.-
3.	Supply and install 1 bubbler			\$ 100.-
4.	Site Preparation and Removal			\$ 825.-
	Total for Location 10			\$ 2,440.-
TOTAL BID PRICE AMOUNT (Sites 1-10)			\$ 66,482.-	

TOTAL BID PRICE WRITTEN IN WORDS

Sixty one thousand four hundred eighty two dollars

Notes:

1. Plant quantities and other materials are estimates to be used for bidding purposes. The Town reserves the right to add/change/delete items on an as-needed basis.
2. Unit prices shall be shown, where applicable, and where there is an error in extension of prices, the unit price shall govern.
3. Alternate quotations will not be considered unless authorized in the Bid document

Authorized Signature:	<u>Sandra R. Benton</u>
Print Name:	<u>SANDRA K. BENTON</u>
Title:	<u>PRESIDENT</u>
Company Name:	<u>Landscape Service Professionals, Inc.</u> EIN#: <u>65-0811791</u> (attach W9)
Company Address:	<u>6115 NW 77 WAY TAMARAC, FL 33321</u>
Contact Person: (Please print Clearly)	<u>SANDRA BENTON</u>
Phone Number:	<u>954 721-6920</u>
Email Address:	<u>SANDY@landscapeservicepros.com</u>
Secondary Contact	
Person: (Please print Clearly)	<u>Karmen Burn</u>
Phone Number:	<u>954-721-6920</u>

Contractor agrees to accept the VISA Procurement card for payment.

Circle one: YES OR NO

**Request for Taxpayer
Identification Number and Certification**

Give Form to the
requester. Do not
send to the IRS.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Landscape Service Professionals, Inc.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only one of the following seven boxes:
☐ Individual/sole proprietor or single-member LLC
☐ C Corporation
☒ S Corporation
☐ Partnership
☐ Trust/estate
☐ Limited liability company. Enter the tax classification (C-C corporation, S-S corporation, P-partnership) ▶
Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
Exempt payee code (if any) _____
Exemption from FATCA reporting code (if any) _____
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)
1015 NW 7TH WAY

6 City, state, and ZIP code
TAMPA FL 33321

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number

OR

Employer identification number

65-0811791

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here Signature of U.S. person ▶ Sandra L. Benton Date ▶ 8-24-17

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.
Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/irb.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1099 (home mortgage interest), 1099-E (student loan interest), 1099-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filed-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



ADDENDUM TO BID DOCUMENTS

SOLICITATION ITB No. B-17-170 Landscape Installation-Multiple Sites

ADDENDUM No. 1 BID OPENING DATE 08/17/17 at 2:00 PM EST TODAY'S DATE 8/8/2017

To All Bidders:

This addendum is issued to modify the previously issued bid documents and/or given for informational purposes, and is hereby made a part of the bid documents. Please attach this addendum to the documents in your possession and acknowledge receipt of this addendum in the space provided.

RFIs (1 of 1)

Q.1: Is there an estimated project value for this project?

A.1: Approximately \$25,000.

Page Replacement:

Section 4.0 Bid Form/Pages 33, 34, and 34, are hereby replaced as Pages 33(a), 34(a) and 35(a) available within this addendum. Bidders shall use page 33 (a), 34 (a), and 35(a) in their bid packages.

Clarification:

Section 3.3/Paragraph A "Location 5: Pine Island Road Medians" has been updated. (underlined indicates added language)

Section 3.4 "Watering" has been amended in its entirety. (strikethrough indicates deleted language and underlined indicates added language)

Reviewed by:

A handwritten signature in blue ink, appearing to read "Brian A. Hammond".

Purchasing Manager
Purchasing Division

Acknowledged by:

LANDSCAPE Service Professionals, Inc.

Contractor

SANDRA R. BENTON

Authorized Representative (Printed)

PRESIDENT

Title

Sandra R. Benton

Signature

8.24.17

Date



ADDENDUM TO BID DOCUMENTS

SOLICITATION ITB No. B-17-170 Landscape Installation-Multiple Sites

ADDENDUM No. 2 **BID OPENING DATE** 08/24/17 at 2:00 PM EST **TODAY'S DATE** 8/10/2017

To All Bidders:

This addendum is issued to modify the previously issued bid documents and/or given for informational purposes, and is hereby made a part of the bid documents. Please attach this addendum to the documents in your possession and acknowledge receipt of this addendum in the space provided.

Clarification:

1. RFI Deadline is hereby extended to 5:00 pm EST on August 17, 2017.
2. Bid Due Date is hereby extended to 2:00 pm EST on August 24, 2017.

Page Addition:

1. Section 3.3/Paragraph I "Location 9: College Avenue" has been added.
2. Section 3.3/Paragraph J "Location 10: Flamingo Road" has been added.

Page Replacement:

1. Section 4.0 Bid Form/ Pages 33(a), 34(a) and 35(a), are hereby deleted and replaced as Pages 33(b), 34(b) and 35(b) available within this addendum. Bidders shall use page 33 (b), 34 (b), and 35(b) in their bid packages.
 - Locations 9 and 10 have been added to the bid form.
 - Location 4 (Bolded and underlined text signifies added language)

Reviewed by:

A handwritten signature in black ink, appearing to read "Brian A. Korman".

Purchasing Manager
Purchasing Division

Acknowledged by:
Landscape Service Professionals, Inc.
Contractor
SANDRA R. BENTON
Authorized Representative (Printed)
PRESIDENT
Title
Sandra R. Benton
Signature
8.24.17
Date



ADDENDUM TO BID DOCUMENTS

SOLICITATION ITB No. B-17-170 Landscape Installation-Multiple Sites

ADDENDUM No. 3 BID OPENING DATE 08/24/17 at 2:00 PM EST TODAY'S DATE 8/16/2017

To All Bidders:

This addendum is issued to modify the previously issued bid documents and/or given for informational purposes, and is hereby made a part of the bid documents. Please attach this addendum to the documents in your possession and acknowledge receipt of this addendum in the space provided.

RFIs (1 of 1)

Q.1: Is a bid bond required and if so, for what amount?

A.1: No.

Reviewed by:

A handwritten signature in black ink, appearing to read "Brian A. Kamm".

Purchasing Manager
Purchasing Division

Acknowledged by:
Landscape Service Professionals, Inc.
Contractor
SANDRA R. BENTON
Authorized Representative (Printed)
PRESIDENT
Title
Sandra R. Benton
Signature
8.24.17
Date

SECTION 5.0 TOWN REQUIRED FORMS

LIST OF REFERENCES

Bidder shall list three (3) clients for which services similar to those outlined herein have been performed. Include this completed form with your sealed bid.

1. ENTITY NAME

City of Palm Beach Gardens

ADDRESS

10500 N. Military Trail
Palm Beach Gardens, FL 33410

TELEPHONE

(561) 799-4197

CONTACT/ EMAIL ADDRESS

Norman Chabre / nchabre@pbgtfl.com

2. ENTITY NAME

Village of Wellington

ADDRESS

12300 Forest Hill Blvd.

Wellington, FL 33414

TELEPHONE

(561) 791-4000

CONTACT/ EMAIL ADDRESS

Patrick Barthalamy

3. ENTITY NAME

Town of Jupiter

ADDRESS

210 Military Trail

Jupiter, FL

TELEPHONE

(772) 288-0951

CONTACT/ EMAIL ADDRESS

Scott Porcaro

NON-COLLUSIVE AFFIDAVIT

STATE OF FLORIDA
COUNTY OF BROWARD

SANDRA R. BEATON being first duly sworn deposes and says that:

BIDDER is the
(Owner, Partner, Officer, Representative or Agent)

BIDDER is fully informed respecting the preparation and contents of the attached Bid and of all pertinent circumstances respecting such Bid;

Such Bid is genuine and is not a collusive or sham Bid;

Neither the said BIDDER nor any of its officers, partners, owners, agents, representative, employees or parties in interest, including this affidavit, have in any way colluded, conspired, connived or agreed, directly or indirectly, with any other BIDDER, firm or person to submit a collusive or sham Bid in connection with the Contract for which the attached Bid has been submitted; or to refrain from bidding in connection with such Contract; or have in any manner, directly or indirectly, sought by agreement or collusion, or communications, or conference with any BIDDER, firm, or person to fix the price or prices in the attached Bid or any other BIDDER, or to fix any overhead, profit, or cost element of the Bid Price or the Bid Price of any other BIDDER, or to secure through any collusion conspiracy, connivance, or unlawful agreement any advantage against (Recipient), or any person interested in the proposed Contract;

The price of items quoted in the attached Bid are fair and proper and are not tainted by collusion, conspiracy, connivance, or unlawful agreement on the part of the BIDDER or any other of its agents, representatives, owners, employees or parties in interest, including this affidavit.

By Sandra R. Beaton

Subscribed and sworn to before me this 24 day of August, 2017.

Deirdre Madgey

Notary Public (Signature)

My Commission Expires: _____



AFFIDAVIT OF ELIGIBILITY FOR LOCAL VENDOR PREFERENCE
(Davie Code of Ordinances Sec. 2-329)

****Complete the boxes below as applicable: ****

1. ___ My Business is located within the **Town of Davie**.

Legal Name of Firm:	
Taxpayer ID No.:	
Physical Address:	
Phone Number:	
Email Address:	
Has the business name changed since it was opened in Davie? Yes No	
If yes, provide the previous business name:	
Date your business was established in Town of Davie:	
Business License Number:	Date Issued:
The business employs (insert a number) full time employees.	

2. ☒ My Business is located within **Broward County**.

Legal Name of Firm: <u>Landscape Service Professionals</u>	
Taxpayer ID No.: <u>050811791</u>	
Physical Address: <u>6115 NW 77th Way Tamarac, FL 33321</u>	
Phone Number: <u>(954) 721-0920</u>	
Email Address: <u>info@landscapeservicepros.com</u>	
Has the business name changed since it was opened in Broward County? Yes No <input checked="" type="checkbox"/>	
If yes, provide the previous business name:	
Date your business was established in Broward County: <u>2/9/1998</u>	
Business License Number: <u>324-8058</u>	Date Issued: <u>10/1/2017</u>
The business employs <u>93</u> (insert a number) full time employees.	

☒ I have attached copies of applicable Business Tax Receipt(s) (REQUIRED).

The undersigned states that the forgoing statements are true and correct. The undersigned also acknowledges that any person, firm, corporation or entity intentionally submitting false information to the Town in an attempt to qualify for local preference shall be prohibited from bidding on Town of Davie products and services for a period of one (1) year.

Authorized Signatory: Sandra R. Benton

Print Name: Sandra Benton



**TOWN OF DAVIE
E-VERIFY FORM**

Bid
No: B-17-170

Project Description: Landscape Installation -
multiple sites

Vendor/Consultant acknowledges and agrees to utilize the U.S. Department of Homeland Security's E-Verify System to verify the employment eligibility of:

- (a) all persons employed by Vendor/Consultant to perform employment duties within Florida during the term of the contract; and
- (b) all persons (including SUBCONTRACTORS/SUBVENDORS) assigned by Vendor/Consultant to perform work pursuant to the contract with the Department. The Vendor/Consultant acknowledges and agrees that use of the U.S. Department of Homeland Security's E-Verify System during the term of the contract is a condition of the contract with the Town of Davie.

Company/Firm: Landscape Service Professionals

Authorized Signature: Sandra A. Benton

Print Name

Title: President - Sandra Benton

Date: 8/23/17

EMPLOYEE BACKGROUND VERIFICATION AFFIDAVIT

I, Sandy Benton, Company Landscape Service Professionals

Attest that all personnel used in the performance of this work have had a criminal background check, and have no criminal offenses, a negative drug test result, and are legally documented to work in the United States.

The Town of Davie requests copies of the criminal back ground checks and drug test results.

Bidder's Signature Sandra R. Benton

**Town of Davie
Vendor/Bidder Disclosure**

I, Sandy Burton, being first duly sworn state that:
The full legal name and business address of the person(s) or entity contracting with the
Town of Davie ("Town") are as follows (Post Office addresses are not acceptable):

Name of Individual, Firm, or Organization: Landscape Service Professionals
Address: 4115 NW 77th Way
Tamarac, FL 33321
FEIN: 450811791
State and date of incorporation: FL - 2/9/98

OWNERSHIP DISCLOSURE AFFIDAVIT

1. If the contract or business transaction is with a corporation, the full legal name and business address shall be provided for each officer and director and each stockholder who directly or indirectly holds five percent (5%) or more of the corporation's stock. If the contract or business transaction is with a trust, the full name and address shall be provided for each trustee and each beneficiary. All such names and address are as follows (Post Office addresses are not acceptable):

Full Legal Name	Address	Ownership
<u>Sandra R. Burton</u>	<u>4115 NW 77 Way</u> <u>TAMARAC, FL 33321</u>	<u>25.5</u> %
<u>Karmen Burn</u>	" "	<u>25.5</u> %
<u>Thomas Burton</u>	" "	<u>24.5</u> %
<u>Steve Burn</u>	" "	<u>24.5</u> %

2. The full legal names and business addresses of any other individual (other than subcontractors, suppliers, laborers, and lenders) who have, or will have, any legal, equitable, or beneficial interest in the contract or business transaction with the Town are as follows (Post Office addresses are not acceptable):

Full Legal Name

Address

NU

By: Sandra R. Benton
Signature of Affiant

Date: 8.24.2017

SANDRA R. Benton
Print Name

SUBSCRIBED AND SWORN TO or affirmed before me this 24 day of AUGUST 2017, by Sandra R. Benton, he/she is personally known to me or has presented _____ as identification.

Deirdre Madgey
Notary Public, State of Florida at Large



Print or Stamp of Notary

Serial Number

My Commission Expires : _____

LOBBYING INTEREST

Respondents should refer to Sec. 2-57 of the attached form for complete definition of terms.

I, Sandy Benton representing Landscape Service Professionals declare that I have read the attached form and that (check one):

☒ My company is not interested in lobbying either staff or elected officials on any subject associated with this solicitation

☐ My company is interested in lobbying either staff or elected officials on matters associated with this solicitation. I understand that in order to lobby, I must fill out the attached form and submit it to the Town Clerk's Office along with a registration fee of \$50.00.

Title of Bid: Landscape Installation-Multiple Sites

Bidder Name: LANDSCAPE SERVICE PROFESSIONALS, INC.

Address: 4115 NW 77 WAY
TAMARAC, FL 33321

Phone Number: 954. 721. 16920

Fax Number: 954. 721. 16923

e-mail Address: SANDY@landscapeservicepros.com

Signature: Sandra R. Benton

Print Name: SANDRA R. BENTON

TOWN OF DAVIE LOBBYIST'S REGISTRATION STATEMENT AND OATH

Registration will be annual, from October 1st to September 30th, and shall be renewed for each year during which lobbying activities are to take place. Only one annual registration form is required. If, however, any of the information required on the registration form is new or changed (for example, a new principal, as defined by Section 2-57 of Ordinance 2012-17, or a new specific subject of lobbying), the Lobbyist must then supplement or amend the registration before additional lobbying. (Ordinance 2012-17, Section 2-58(d))

LOBBYIST INFORMATION (Ordinance 2012-17, Section 2-58(a)(1))

Name N/A

Address _____

{must be a physical address (e.g. not a Post Office Box) where the lobbyist resides or customarily does business}

City _____ State _____ Zip _____ Telephone _____

Explain the nature and extent of any business, professional or familial relationship which the lobbyist, or any member of the lobbyist's immediate family, has had with any Town official, or member of the immediate family of any Town official within the period of time commencing twenty-four (24) months prior to registration.

Explain the nature and extent of any involvement, activity or assistance, whether paid or voluntary, by any lobbyist, or any member of the lobbyist's immediate family, with the current or the most recent campaign of any current elected Town official, or current candidate for Town Council. (2012-017, Section 2-58(a)(3))

LOBBYIST'S PRINCIPAL(S) INFORMATION (Ordinance 2012-17, Section 2-58(a)(4))

Name N/A

Address _____
(must be a physical address (e.g. not a Post Office Box) where the principal resides or customarily does business)

City _____ State _____ Zip _____ Telephone _____

Explain the general and specific matters upon which the lobbyist intends to lobby, if known at the time of registration. *H not* known at time of filing, the registration must be supplemented when the matter is determined. (Ordinance 2012-017, Section 2-58(a)(5))

I hereby acknowledge that I have received a copy of Ordinance 2012-17, concerning registration of lobbyists and acknowledge that any violation of this Ordinance shall result in penalties as stated in said Ordinance. I further acknowledge that this form must be accompanied by payment in the amount of \$50 for each principal represented and by each lobbyist. (Ordinance 2012-17, Section 2-58(b))

I hereby attest and affirm under penalty of perjury, that the facts contained herein are true and correct. Further, I understand that I **am** required to notify the Town Clerk, in writing, of any changes to the information contained herein and that I **am** required to complete a lobbyist statement for each new principal or subject matter which occurs throughout the year.

Signature of Lobbyist

STATE OF FLORIDA)

) SS:

COUNTY OF)

Sworn to and subscribed before me this _____ day of _____ 20__ by _____ who is personally known to me or who has produced _____ as identification.

My Commission expires _____

Name _____ Signature _____

ACKNOWLEDGEMENT OF ADDENDA

INSTRUCTIONS: COMPLETE PART I OR PART II, WHICHEVER APPLIES

PART I:

LIST BELOW THE DATES OF ISSUE FOR EACH ADDENDUM RECEIVED IN CONNECTION WITH THIS BID.

Addendum #1, Dated 8/8/17

Addendum #2, Dated 8/10/17

Addendum #3, Dated 8/16/17

Addendum #4, Dated _____

Addendum #5, Dated _____

Addendum #6, Dated _____

Addendum #7, Dated _____

Addendum #8, Dated _____

PART II:

☐ NO ADDENDUM WAS RECEIVED IN CONNECTION WITH THIS BID.

FIRM NAME: Landscape Service Professionals, Inc.

AUTHORIZED SIGNATURE: Sandra R. Benton DATE: 8-24-2017

TITLE OF OFFICER: President

PROPOSAL SIGNATURE PAGE FOR CORPORATION

The officers of the Corporation are as follows:

	<u>NAME</u>	<u>ADDRESS</u>
President	<u>Sandy Benton</u>	<u>4115 NW 77 Way</u> <u>TAMARAC, FL 33321</u>
Vice-President	<u>Tom Benton</u>	<u>"</u> <u>"</u>
Secretary	<u>Karmen Burn</u>	<u>"</u> <u>"</u>
Treasurer	<u>Steve Burn</u>	<u>"</u> <u>"</u>
Registered Agent	<u>SANDRA BENTON</u>	<u>"</u> <u>"</u>

The full names and residences of stockbrokers, persons, or firms interested in the foregoing Proposal, as principals, are as follows:

Post Office Address

BIDDER:

Landscape Service Professionals, Inc.
(CORPORATE NAME)

Sandra L. Benton / SANDY@landscape-service-pros.com
PRESIDENT'S SIGNATURE AND E-MAIL ADDRESS

Is this corporation incorporated in the State of Florida?

ATTEST: Karmen Burn
SECRETARY

YES ☒ NO ☐

If no, give address of principal place of business: _____

DRUG-FREE WORKPLACE PROGRAM

IDENTICAL TIE BIDS - Preference shall be given to businesses with drug-free workplace programs. Whenever two or more bids which are equal with respect to price, quality, and service are received by the State or by any political subdivision for the procurement of commodities or contractual services, a bid received from a business that certifies that it has implemented a drug-free workplace program shall be given preference in the award process. Established procedures for processing tie bids will be followed if none of the tied vendors have a drug-free workplace program. In order to have a drug-free workplace program, a business shall:

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employee that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.

Sandra R. Benton Sandra Benton
VENDOR'S SIGNATURE PRINTED NAME

Landscape Service Professionals, Inc.
NAME OF COMPANY

SOLICITATION, GIVING, AND ACCEPTANCE OF GIFTS POLICY

Florida Statute 112.313 prohibits the solicitation or acceptance of Gifts. - "No Public officer, employee of an agency, or candidate for nomination or election shall solicit or accept anything of value to the recipient, including a gift, loan, reward, promise of future employment, favor, or service, based upon any understanding that the vote, official action, or judgment of the public officer, employee, or candidate would be influenced thereby."... The term 'public officer' includes any person elected or appointed to hold office in any agency, including any person serving on an advisory body."

The Town of Davie policy prohibits all public officers, elected or appointed, all employees, and their families from accepting any gifts of any value, either directly or indirectly, from any contractor, vendor, consultant, or business with whom the Town does business. Only advertising office stationery or supplies of small value are exempt from this policy - e.g. calendars, note pads, pencils.

The State of Florida definition of "gifts" includes the following:

- Real property or its use,
- Tangible or intangible personal property, or its use,
- A preferential rate of terms on a debt, loan, goods, or services,
- Forgiveness of indebtedness,
- Transportation, lodging, or parking,
- Membership dues,
- Entrance fees, admission fees, or tickets to events, performances, or facilities,
- Plants, flowers or floral arrangements

Services provided by persons pursuant to a professional license or certificate. Other personal services for which a fee is normally charged by the person providing the services. Any other similar service or thing having an attributable value not already provided for in this section. To this list, the Town of Davie has added food, meals, beverages, and candy.

Any contractor, vendor, consultant, or business found to have given a gift to a public officer or employee, or his/her family, will be subject to dismissal or revocation of contract.

As the person authorized to sign the statement, I certify that this firm will comply fully with this policy.

Sandra R. Benton

SIGNATURE

Sandra Benton

PRINTED NAME

Landscape Service Professionals, Inc President

NAME OF COMPANY

TITLE

Failure to sign this page shall render your bid non-responsive

SOURCE OF INFORMATION

How did you find out about this solicitation? Check all that applies.

- | | | |
|---|-------------------------------------|-----------------------------|
| 1. www.davie-fl.gov | <input type="checkbox"/> | |
| 2. www.demandstar.com | <input checked="" type="checkbox"/> | |
| 3. The Sun Sentinel | <input type="checkbox"/> | |
| 5. Referral/word-of-mouth | <input type="checkbox"/> | Specify Source: _____ |
| 6. Search Engine/Internet search | <input type="checkbox"/> | |
| 7. E-mail, newsgroup, online chat
_____ | <input type="checkbox"/> | Specify _____ Source: _____ |
| 8. Banner or Link on another website | <input type="checkbox"/> | |
| 9. Flyer, newsletter, direct mail | <input type="checkbox"/> | Specify Source: _____ |
| Other
_____ | <input type="checkbox"/> | Specify _____ Source: _____ |

Please note: This survey form is used for internal Procurement purposes only.

INDEMNIFICATION CLAUSE

The Contractor shall indemnify, defend and hold harmless the Town Council, the Town of Davie and their agents and employees from and against all claims, damages, losses and expenses (including reasonable attorney's fees) to the extent arising out of or resulting from the contractor's performance of the work, provided that any such claim, damage, loss or expense (1) is attributable to bodily injury, sickness, disease or death, or to injury to or damage on destruction of property, and (2) is caused by the or negligent act or omission of the Contractor, any Subcontractor, anyone directly or indirectly employed by any of them or anyone for whose acts any of them may be liable, regardless of whether or not it is caused in part by a party indemnified hereunder.

Landscape Service Professionals Inc. Sandra R. Benton 8.24.17
Bidder's Name Signature Date

STATE OF FLORIDA
COUNTY OF BROWARD

SWORN TO AND SUBSCRIBED before me, the under signed authority,

Sandra R Benton who, after first being sworn by me, affixed his/her
[name of individual signing]
signature in the space provided above on this 24 day of August, 2017

Deirdre Madgey

NOTARY PUBLIC



**SWORN STATEMENT PURSUANT TO SECTION 287.133 (3) (a), FLORIDA STATUTES, ON
PUBLIC ENTITY CRIMES**

THIS FORM MUST BE SIGNED AND SWORN TO IN THE
PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICIAL
AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted to the **TOWN OF DAVIE, FLORIDA**

By: Sandra Benton President
(print individual's name and title)

For: Landscape Service Professionals Inc
(print name of entity submitting sworn statement)

whose business address is: 10115 NW 77th Way, Terra Rossa, FL 33321

and (if applicable) its Federal Employer Identification Number (FEIN) is: 65-0811791
(If the entity has no FEIN, include the Social Security Number of the individual signing this
sworn statement: ____ - ____ - ____).

2. I understand that a "public entity crime" as defined in Paragraph 287.133 (1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or of the United States, including but not limited to, any bid or contract for goods or services to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentations.
3. I understand that "convicted" or "conviction" as defined in Paragraph 287.133 (1) (b), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, non-jury trial, or entry of a plea of guilty or non contendere.
4. I understand that an "affiliate" as defined in Paragraph 287.133(1)(a), Florida Statutes, means:
1. A predecessor or successor of a person convicted of a public entity crime; or
 2. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers' directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.
5. I understand that a "person" as defined in Paragraph 287.133(1) (e), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with legal power to enter into a binding contract and which bids or applies to bid on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, and partners. Shareholders, employees, members, and agents who are active in management of an entity.

6. Based on information and belief, the statement, which I have marked below, is true in relations to the entity submitting this sworn statement. (Indicate which statement applies).



Check off ONE (1) box below:

- ☒ Neither the entity submitting this sworn statement, nor any of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, nor any affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.
- ☐ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.
- ☐ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989. However, there has been a subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative Hearings and the final Order entered by the Hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list (attach a copy of the final order).

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 ABOVE IS FOR THAT PUBLIC ENTITY ONLY AND THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES FOR CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

Sandra R. Benton
Signature

Sworn to and subscribed before me this 24 day August, 2017

Personally known ☒

OR

Produced identification

Name of Notary

Notary Public – State of Florida



ANTI-KICKBACK AFFIDAVIT

STATE OF FLORIDA }
 }
COUNTY OF Broward }

SS:

I, the undersigned, hereby duly sworn, depose and say that no portion of the sum herein bid will be paid to any employees of the Town of Davie, its elected officials, and _____ or its design consultants, as a commission, kickback, reward or gift, directly or indirectly by me or any member of my firm or by an officer of the corporation.

Sandra K. Burton
President

By:

Title:

Sworn and subscribed before this

24 day of August, 2017

Deirdre Madgey
Notary Public, State of Florida

(Printed Name)

My commission expires: _____



BIDDER QUESTIONNAIRE

1. Today's Date: 8/23/17
2. Name of Company Submitting Bid:
Landscape Service Professionals
3. How many years has your firm been in business under its present business name?:
19
4. Under what other former name(s) has your firm operated?:
n/a
5. Have any similar agreements held by Bidder for a similar project to the proposed project ever been canceled? Circle one: ☒ No Yes If yes, please explain: _____
6. Has the Bidder or any principals of the firm failed to qualify as a responsible bidder, refused to enter into a contract after an award has been made, failed to complete a contract during the past five (5) years, or been declared to be in default in any contract in the last five (5) years? Circle one: ☒ No Yes
If yes, please explain: _____
7. Has the Bidder or any principals of the firm ever been declared bankrupt or reorganized under Chapter 11 or put into receivership? Circle one: ☒ No Yes
If yes, please explain and give date, court jurisdiction, action taken, and any other explanation deemed necessary: _____
8. Indicate registration, license numbers or certificate numbers for the businesses or professions, which are the subject of this bid. Please attach certificate of competency and/or State registration.
See attached
9. List the pertinent experience of the key individuals of your firm (continue on insert sheet if necessary):
TOM BENTON 19 years
GUY MICHAUD 18 years
10. State the name and title of the individual who will have personal management of the work: Guy MICHAUD

BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT

115 S. Andrews Ave., Rm. A-100, Ft. Lauderdale, FL 33301-1895 - 954-831-4000
VALID OCTOBER 1, 2017 THROUGH SEPTEMBER 30, 2018

DBA: LANDSCAPE SERVICE PROFESSIONALS
Business Name: INC
Receipt #: 182-231694
Business Type: (SPEC PLUMBER/LAWN SPRINKLER/CONTRACTOR)

Owner Name: STEVEN H BURN
Business Location: 6115 NW 77 WAY
TAMARAC
Business Phone: 954-721-6920
Business Opened: 03/09/2010
State/Country/Cert/Reg: 03-CLS-711A-X
Exemption Code:

Rooms
Seats
Employees
Machines
Professionals

Number of Machines:				For Vending Business Only			Vending Type:		Total Paid
Tax Amount	Transfer Fee	NSF Fee	Penalty	Prior Years	Collection Cost				
27.00	0.00	0.00	0.00	0.00	0.00				27.00

THIS RECEIPT MUST BE POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS

THIS BECOMES A TAX RECEIPT

WHEN VALIDATED

This tax is levied for the privilege of doing business within Broward County and is non-regulatory in nature. You must meet all County and/or Municipality planning and zoning requirements. This Business Tax Receipt must be transferred when the business is sold, business name has changed or you have moved the business location. This receipt does not indicate that the business is legal or that it is in compliance with State or local laws and regulations.

Mailing Address:

SANDRA R BENTON
6115 NW 77 WAY
TAMARAC, FL 33321

Receipt #04B-16-00010867
Paid 07/26/2017 27.00

2017 - 2018

BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT

115 S. Andrews Ave., Rm. A-100, Ft. Lauderdale, FL 33301-1895 - 954-831-4000
VALID OCTOBER 1, 2017 THROUGH SEPTEMBER 30, 2018

DBA:

Business Name: LANDSCAPE SERVICE PROFESSIONALS
INC

Receipt #: 324-8058

Business Type: (LAWN MAINTENANCE/LANDSCAPE
LAWN MAINTENANCE/LANDSCAPE)

Owner Name: SANDRA BENTON

Business Location: 6115 NW 77 WAY
TAMARAC

Business Phone: 954-340-3680

Business Opened: 03/02/1998

State/County/Cert/Reg:
Exemption Code:

Rooms

Seats

Employees

1

Machines

Professionals

For Vending Business Only					Vending Type:	
Number of Machines:					Prior Years	Collection Cost
Tax Amount	33.00	Transfer Fee	0.00	NSF Fee	0.00	0.00
				Penalty	0.00	0.00
						Total Paid
						33.00

THIS RECEIPT MUST BE POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS

THIS BECOMES A TAX RECEIPT

WHEN VALIDATED

This tax is levied for the privilege of doing business within Broward County and is non-regulatory in nature. You must meet all County and/or Municipality planning and zoning requirements. This Business Tax Receipt must be transferred when the business is sold, business name has changed or you have moved the business.

11. State the name and address of attorney, if any, for the firm: N/A

12. State the names and addresses of all businesses and/or individuals who own an interest of more than five percent (5%) of the Bidder's business and indicate the percentage owned of each such business and/or individual: See page 41

13. State the names, addresses and the type of business of all firms that are partially or wholly owned by Bidder: N/A

14. Bonding surety references:

SURETY NAME	ADDRESS (CITY, STATE, ZIP)	PHONE NUMBER
Florida Surety Bonds	Maitland, FL 32751	(407) 786-7770

15. Bank references:

BANK NAME	ADDRESS (CITY, STATE, ZIP)	PHONE NUMBER
Bank United	Tamara, FL 33321	(954) 722-4701

16. Firm has attached a current Certificate of Liability Insurance? ☒ Yes ☐ No

17. Litigation/Judgements/Settlements/Debarments/Suspensions – Submit information on any pending litigation and any judgements and settlements of court cases relative to providing the services requested herein that have occurred within the last three (3) years. Also indicate if your firm has been debarred or suspended from bidding or proposing on a procurement project by any government entity during the last five (5) years. N/A

18. Disclosure of Conflict of Interest

VENDOR SHALL DISCLOSE BELOW, TO THE BEST OF HIS OR HER KNOWLEDGE, ANY TOWN OF DAVIE OFFICER OR EMPLOYEE, OR ANY RELATIVE OF ANY SUCH OFFICER OR EMPLOYEE AS DEFINED IN SECTION 112.3135, FLORIDA STATUTES, WHO IS AN OFFICER, PARTNER, DIRECTOR OR PROPRIETOR OF, OR HAS A MATERIAL INTEREST IN THE VENDOR'S BUSINESS OR ITS PARENT COMPANY, ANY SUBSIDIARY, OR AFFILIATED COMPANY, WHETHER SUCH TOWN OFFICIAL OR EMPLOYEE IS IN A POSITION TO INFLUENCE THIS PROCUREMENT OR NOT.

Name

Relationship

N/A

Landscape Service Professionals, Inc.
FIRM NAME



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/24/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Closson Insurance Agency, LLC 1201 S. Orlando Avenue Suite 200 Winter Park FL 32789	CONTACT NAME: Reina Gonzalez PHONE (A/C, No, Ext): (407) 898-2211 FAX (A/C, No): (407) 898-1850 E-MAIL: rgonzalez@clossoninsurance.com ADDRESS: rgonzalez@clossoninsurance.com
INSURED Landscape Service Professionals, Inc 6115 NW 77th Way Tamarac FL 33321	INSURER(S) AFFORDING COVERAGE INSURER A: Hanover American Insurance Company NAIC # 36064 INSURER B: Hanover Insurance Company 22292 INSURER C: Associated Industries Insurance Co. 23140 INSURER D: INSURER E: INSURER F:

COVERAGES

CERTIFICATE NUMBER: CL1752406675

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> XCU Included <input checked="" type="checkbox"/> Herbicide or Pesticide GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			RZJA32596803	6/4/2017	6/4/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			AZJA32596403	6/4/2017	6/4/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP \$ 10,000
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			UHJA32596903	6/4/2017	6/4/2018	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	AWC1083982	6/4/2017	6/4/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate Holder is Additional Insured on a primary and noncontributory basis with regards to General Liability Only as required by contract, includes ongoing and completed operations, Waiver of Subrogation applies. Additional Insured and Waiver of Subrogation in regards to Auto Liability as required by contract. Waiver of Subrogation in regards to Workers Compensation as required by contract.

CERTIFICATE HOLDER

CANCELLATION

9547971086@myfax.com Town of Davie Building Dept. 6591 Orange Drive Davie, FL 33314	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Lenise Zika/RG <i>Lenise A. Zika</i>
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Sandra R Benton

SIGNATURE OF AUTHORIZED AGENT

SANDRA R. BENTON - President

NAME & TITLE, TYPED OR PRINTED

STATE OF FLORIDA

COUNTY OF BROWARD

)
) SS
)

The foregoing instrument was sworn to and subscribed before me this 24 day of August, 2017
by SANDRA R. BENTON who is personally known to me or produced
as identification.

Deirdre Madgey
NOTARY PUBLIC, State of FLORIDA

Commission No.: _____

Print Name: _____

Commission Expires: _____

SEAL

(if Corporation)

